



ARIZONA DEPARTMENT OF INSURANCE ♦ 2910 N. 44th St., Ste. 210. ♦ Phoenix, AZ 85018
Tel: 602-364-2499 ♦ Fax: 602-364-2505 ♦ Toll Free: 1-800-325-2548 ♦ Web Site: www.id.state.az.us

REQUEST FOR ASSISTANCE FORM

SECTION A: Information About You

Date:	Phone number:	Fax number:		
Your last name:	Your first name:	Your middle name/initial:		
Street address:		City:	State	Zip code:
May we contact you by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address:			

SECTION B: Information About the Insured (complete this section if the insured is someone **other than yourself**)

Name of the insured (if an individual, please provide last name, first name and middle name/initial):			
Insured's street address:	City:	State	Zip code:

SECTION C: Information About the Insurance Coverage

Name of the insurance company	Policy #:	
Type of insurance (Life, health, auto, homeowners, fire, etc.)	Policy effective date:	State where purchased:

SECTION D: Type of Issue

For what type of issue are you requesting assistance?		
<input type="checkbox"/> Claim Denial	<input type="checkbox"/> Delays	<input type="checkbox"/> Policy Cancellation
<input type="checkbox"/> Premium Rates	<input type="checkbox"/> Refusal to Insure	<input type="checkbox"/> Agent Handling
<input type="checkbox"/> Other (please describe):		

SECTION E: Statement of Facts

Please complete and attach the "Statement of Facts Form" or attach a brief statement that describes
<ul style="list-style-type: none">What the insurance company/agent has done or has failed to do; andWhat you would like the Department of Insurance to do to help you.

By my signature, I attest that the information provided on and with this form is accurate to the best of my knowledge and ability, and that I understand that the facts relating to this complaint will become a matter of public record, pursuant to Arizona law.

Signature: _____

WE WILL SEND YOU A CONFIRMATION WHEN WE RECEIVE THIS FORM.

The Arizona Department of Insurance is an Equal Employment Opportunity agency that complies with the Americans with Disabilities Act (ADA) and the Arizonans with Disabilities Act. Persons with a disability may request materials in an alternative format by contacting our ADA Coordinator at (602) 364-3471 and should do so as early as possible to allow reasonable time to make necessary arrangements.



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REQUEST FOR ASSISTANCE FORM

Statement of Facts

Date:

Your Name (Last, First, Middle):

Please describe what the insurance company/agent has done or has failed to do.

Please describe what you would like the Department of Insurance to do to help you.